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Bib Data Sheet

CONFIRMATION NO. 1585

<b>SERIAL NUMBER</b> 09/936,723	<b>FILING DATE</b> 03/01/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 1890-0019	
<b>APPLICANTS</b> Martin Caldwell, Dublin, IRELAND; Mike Muntner, Dublin, IRELAND;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/IE00/00032 03/20/2000  <b>** FOREIGN APPLICATIONS *****</b> IRELAND S990219 03/18/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Nixon Peabody Suite 800 8180 Greensboro Drive McLean, VA 22102					
<b>TITLE</b> Surgical access device					
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		